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PTO/SB/17 (12-04)

Effective on 12/08/2004  
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL FOR FY 2008

### Complete if Known

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120.00

Application Number	10/541,844
Filing Date	July 12, 2005
First Named Inventor	Bum-Gyu CHOI
Examiner Name	Erma C. Cameron
Art Unit	1972
Attorney Docket No.	29137.074.00

### METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☐ Deposit Account ☒ Deposit Account Number **50-0911** ☐ Deposit Account Name: \_\_\_\_\_
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	370	185

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ \$50 = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ \$210 = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee(\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ 30 (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)


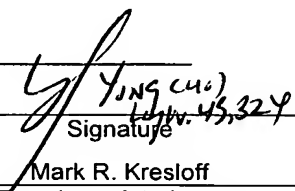
Other: Petition Extension      **Fee Paid (\$)** \$120.00

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Mark R. Kresloff	42,766	Date September 26, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Attorney Docket No. 29137.074.00																
	In re Application of      CHOI, Bum-Gyu																	
	Application Number 10/541,844		Filed January 6, 2006															
	For:      ORGANIC SILOXANE RESINS AND INSULATING FILM USING THE SAME																	
	Art Unit      1792		Examiner      Erma C. Cameron															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 15%;"><input checked="" type="checkbox"/></td><td style="width: 65%;">One month (37 CFR 1.17(a)(1))</td><td style="width: 20%; text-align: right;">\$ 120.00</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record. Registration Number      42,766</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)      _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>September 26, 2008 Date</p><p>(202) 496-7500 Telephone Number</p></div><div style="width: 45%; text-align: center;"> Signature Mark R. Kresloff Typed or printed name</div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p>				<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
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<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$																
<div style="display: flex; align-items: center;"><input type="checkbox"/> Total of      1      forms are submitted.</div>																		